	Ŭ REP(	ORT OF LOBBYIST I	EMPLOYE	R		
	(	Government Code Section	n 86116)		1/8	
		or			I	
	<del>_</del>	ORT OF LOBBYING Cal. Code of Regs. Section		N		
FORM 635	`	Ç	,			
1993		ANT: Lobbying Coalitic pleted Form 635-C to		ach a		
	REPORT COVERS PE	ERIOD FROM 04/01/2018	THROUGH	H 06/30/2018	FOR OFFICIAL USE ONLY	
	CUMULATIVE PERIO	D BEGINNING	01/01/2017		Α	
	to be provided to you pursu closure Provisions of the Po	TYPE OR PRINT IN ant to the Information Practices litical Reform Act.		Information_	В	
NAME OF FILER:						
Consuelo Hernandez						
BUSINESS ADDRESS: (Nu	mber and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:	
		SACRAMENT	O CA	95814		
PART I - LEGISLATIV (See instructions on reve		ADMINISTRATIVE ACTIO	NS ACTIVELY	LOBBIED DURING	THE PERIOD	
If more space is need	ded, check box and attach conti	SUMMARY OF PAYME	NTS THIS PE	ERIOD		
A. Total Payments to	In-House Employee Lobby	rists (Part III, Section A, Column	1)	\$	0.00	
B. Total Payments to	Lobbying Firms (Part III, S	ection B, Column 4)		\$	33375.00	
C. Total Activity Expe	enses (Part III, Section C)			\$	0.00	
D. Total Other Paymo	ents to Influence (Part III, S	ection D)		\$	13250.00	
GRAND T	OTAL (A + B + C + D at	pove)		\$	46625.00	
E. Total Payments in	Connection with PUC Activ	vities (Part III, Section E)		\$	0.00	
F. Campaign Contrib	utions: Part IV com	pleted and attached	X No camp	paign contributions ma	ade this period	
		VERIFICAT	ION			
tion contained	herein and in the attache	preparing this Report. I have ad schedules is true and comp the laws of the State of Califo	lete.		t of my knowledge the informa- orrect.	
Executed on (Date) 07/31/2018		At (City and State) Sacramento CA		By (Signature of Emp Consuelo Herna	oloyer or Responsible Officer) Indez	
Name of Employer or Respo Consuelo Hernandez		<u> </u>		Title Director of Gove	rnmental Affairs	

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PERIOD COVERED:         04/01/2018           NAME OF FILER:         Consuelo Hernandez	06/30/	2018		2/0	
PART II - PARTNERS, OWNERS, AND EMPL REPORT (See instructions on reverse.)	OYEES WHOS	E "LOBBYIST R	EPORTS" (FORM 615) ARI	E ATTACHED TO	) THIS
Name and Title		Name an	d Title		
If more space is needed, check box and attach continuation.	ition sheets.				
PART III - PAYMENTS MADE IN CONNECTIO	N WITH LOBB	YING ACTIVITIE	s		
A. PAYMENTS TO IN-HOUSE EMPLOYEE  (See instructions on reverse. Also enter the Amount  (Column 1) on Line A of the Summary of Payments see	This Period		(1) Amount This Period	Cumula	(2) itive Total Date
(Column 1) on Elite A of the Cultimary of Fayments so	olion on page 1.)		\$ 0.00	\$	0.00
B. PAYMENTS TO LOBBYING FIRMS (Incl	luding Individual (	Contract Lobbyists)			
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
[L] Emanuels Jones and Associates	33375.00	0.00	0.00	33375.00	200250.00
Sacramento CA 95814  [L] Fernandez Government Solutions LLC	0.00	0.00	0.00	0.00	0.00
Sacramento CA 95814					
If more space is needed, check box and attach continuation sheets	Also ente	THIS PERIOD (er the total of Columny of Payments sec	nn 4 on Line B of the	\$ 33375.	.00

PERIOD COVERED: 04/01/2018 06/30/2018

NAME OF FILER: Consuelo Hernandez

C. ACTIVITY EXPENSES (See instructions on reverse.)						
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity	
			\$		\$	
If more space is needed, check box and attach continuation sheets.  TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.						
NOT Attac	IER PAYMENTS TO INFLUENCE LEGIE: State and local government agencies do not have the form 640 instead.  PAYMENTS TO LOBBYING COALITIONS (Notes to this Report.)	ot complete this section. Check box an		\$0.00 		
	OTHER PAYMENTS			TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 13250.00	
E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)					\$ 0.00	

PERIOD COV	ERED: <u>04/01/2018</u> 06/30/2018		
NAME OF FIL	ER: Consuelo Hernandez		
made to or on	<b>CAMPAIGN CONTRIBUTIONS MADE</b> (Monetary and non-mor behalf of <u>state</u> candidates, elected state officers and any of their controlled cofficers must be reported in A or B below.)	netary campaign contributions of committees, or committees suppo	
in a	e contributions made by you during the period covered by this report, campaign disclosure statement which is on file with the Secretary of tification number, if any, below.		
	Major Donor or Recipient Committee Which d A Campaign Disclosure Statement:	Identification Numb Recipient Committe	
	tributions of \$100 or more which have not been reported on a campa le by an organization's sponsored committee, must be itemized below		luding contributions
Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If mor	re space is needed, check box and attach continuation sheets.		

#### **Attachment Form 640**

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM
640

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PERIOD COVERED: <u>04/01/2018 -- 06/30/2018</u>

NAME OF FILER: Consuelo Hernandez

For Use By: A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the

instructions on the cover page before completing this attachment.

#### Other Payments to Influence Legislative or Administrative Action:

1.	Total payments for overhead expenses related to lobbying activity.  Report as a lump sum.	\$ 0.00
2.	Total payments to Lobbying Coalitions. Report as a lump sum.  (Form 630 must be attached)	\$ 0.00
3.	Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). Report as a lump sum.	\$ 0.00
4.	Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	\$ 13250.00
5.	Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	\$ 13250.00

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter		С	Cumulative Amount Since January 1	
[O] The State Bar of California	\$	0.00	\$	25758.00	
Los Angeles CA 90084-2142					
[O] California Animal Control Directors Assn	\$	0.00	\$	250.00	
Sacramento CA 95814					
[O] Moulton Niguel Water District	\$	0.00	\$	25000.00	
Laguna Higuel CA 92607-0203					
Subtotal of all payments itemized above	\$	0.00			
If more space is peeded, check how and attach					

X If more space is needed, check box and attach continuation sheets.

# **Attachment Form 640**

(Continuation Sheet)

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1993 FORM
640

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PERIOD COVERED: <u>04/01/2018--06/30/2018</u>

NAME OF FILER: <u>Consuelo Hernandez</u>

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
[O] Assoc. of Environmental Professionals	0.00	250.00
Palm Desert CA 92260		
[O] California Fire Chiefs Association	0.00	2000.00
Sacramento CA 95815		
[O] Underground Service Alert of No California	0.00	22446.47
Sacramento CA 94520-1122		
[O] County of San Bernardino	0.00	1800.00
San Bernardino CA 92415-0440		
[O] California Municipal Utilities Associates	0.00	13914.00
Sacramento CA 95814		
[O] California Bicycle Association	0.00	2000.00
Sacramento CA 95814		
[O] California Arts Advocates	0.00	1000.00
Sacramento CA 95814		
[O] California District Attorney Association	0.00	495.00
Sacramento CA 95814		
[O] California Peace Officers' Association	0.00	5000.00
Sacramento CA 95814		
Subtotal of all payments itemized a	\$ 0.00	

# **Attachment Form 640**

(Continuation Sheet)

CALIFORNIA
1993 FORM
640

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PERIOD COVERED: <u>04/01/2018--06/30/2018</u>

NAME OF FILER: <u>Consuelo Hernandez</u>

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
Fran [S] Halbakken	0.00	21200.00
Sacramento CA 95814		
O] Association of Workers Comp. Professionals	0.00	550.00
Rancho Cordova CA 95741-0760		
O] League of CA Cities	0.00	16466.00
Sacramento CA 95814		
O Association of California Water Agencies	0.00	61100.00
Sacramento CA 95814		
O] California Association of Sanitation	0.00	17140.00
Sacramento CA 95814		
O] Regional Water Authority	13000.00	141066.00
Citrus Heights CA 95610		
Consuelo [S] Hernandez	3443.00	6886.00
Sacramento CA 95814		
O] Sacramento Black Chamber of Commerce	250.00	500.00
Sacramento CA 95822		
	1	1
Subtotal of all payments itemize	\$ 16693.00	

# **TEXT ANNOTATION**

### PAGE 1

Schedule F635

#### Reference No:

SLC State Lands Committee swap for Rail yards title Opportunity Zones Railyard Accelerated Funding DOF Handicap Placards 2018-19 State Budget - Big City Mayor s \$1.5b for Homeless Relief Meadowview Proposal Parks Grant Extension for the Powerhouse Museum. The bills for reporting are AB 2050 2283 2371 2649 3170 3206 SB 623 831 966 998 Safe and Affordable Drinking Water Fund budget trailer bill.